

DFCI363A.TDC  
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DEB/CSE/jwb  
09/21/94



PATENT APPLICATION  
Docket No.: DFCI-363A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: David M. Knipe, Robert Finberg and  
George Siber

Serial No.: 08/278,601

Filed: July 21, 1994

For: HERPESVIRUS REPLICATION DEFECTIVE MUTANTS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Honorable Commissioner of Patents and Trademarks, Washington D.C. 20231	
on Sept. 21, 1994	<i>Judy Breen</i>
Date	Signature
Judy Breen	
Typed or printed name of person signing certificate	

TRANSMITTAL OF DECLARATION/POWER OF ATTORNEY

The Honorable Commissioner of  
Patents and Trademarks  
Washington, DC 20231

Attn: Application Division

Sir:

In response to the Notice to File Missing Parts dated August 26, 1994, enclosed herewith are two executed Declaration/Power of Attorneys, one for David Knipe, and

one for Robert Finberg and George Siber, for filing in the captioned application. A copy of the Notice is attached together with a check in the amount of \$65.00 in payment of the surcharge for a Small Entity. A Verified Statement Claiming Small Entity Status is being filed concurrently.

Please charge Applicant's Attorney's Deposit Account No. 08-0380 for any additional fees that may be due in this matter. Two duplicate copies are enclosed for that purpose.

Respectfully submitted,

*David E. Brook*

David E. Brook  
Attorney for Applicants  
Registration No. 22,592  
Telephone: (617) 861-6240

Lexington, MA

Date: September 21, 1994



## Declaration for Patent Application

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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66	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
67	USA	10/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
68				

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

08/179,106	1/10/94	Pending
(Application Serial No.)	(Filing date)	(Status, patented, pending, abandoned)
07/922,912	7/31/92	Pending
(Application Serial No.)	(Filing date)	(Status, patented, pending, abandoned)

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

I also hereby grant additional Powers of Attorney to the following attorney(s) and/or agent(s) to file and prosecute an international application under the Patent Cooperation Treaty based upon the above-identified application, including a power to meet all designated office requirements for designated states.

David E. Brook	Registration No. 22,592
James M. Smith	Registration No. 28,043
Leo R. Reynolds	Registration No. 20,884
Richard A. Wise	Registration No. 18,041
Patricia Granahan	Registration No. 32,227
Mary Lou Wakimura	Registration No. 31,804
Thomas O. Hoover	Registration No. 32,470
Alice O. Carroll	Registration No. 33,542
Carolyn S. Elmore	Registration No. 37,567

all of Hamilton, Brook, Smith and Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02173;

and

Send correspondence to: David E. Brook, Esq.  
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
Two Militia Drive, Lexington, Massachusetts 02173

Direct telephone calls to: David E. Brook

(617) 861-6240

Applicant or Patentee: David Knipe, Robert Finberg and George Siber Attorney's  
Serial or Patent No.: 08/278,601 Docket No.: DFCI-363A  
Filed or Issued: July 21, 1994  
For: HERPESVIRUS REPLICATION DEFECTIVE MUTANTS

**MAIL ROOM**  
**SEP 23 1994**  
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
37 CFR 1.9(f) and 1.27(d) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the  
nonprofit organization identified below: NAME OF

ORGANIZATION Dana-Farber Cancer Institute

ADDRESS OF ORGANIZATION 44 Binney Street, Boston, Massachusetts 02115

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE  
(26 USC 501(a) and 501(c)(3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF  
STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE  
(26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF  
STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES  
OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies  
as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of  
paying reduced fees under section 41(a) and (b) of Title 35, United States  
Code with regard to the invention entitled HERPESVIRUS REPLICATION

DEFECTIVE MUTANTS by inventor(s)

David Knipe, Robert Finberg and George Siber described in

- ☐ the specification filed herewith
- ☒ application serial no. 08/278,601, filed July 21, 1994
- ☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and  
remain with the nonprofit organization with regard to the above identified  
invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME The President and Fellows of Harvard College  
ADDRESS 124 Mount Auburn Street, Cambridge, Massachusetts 02138-5701  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

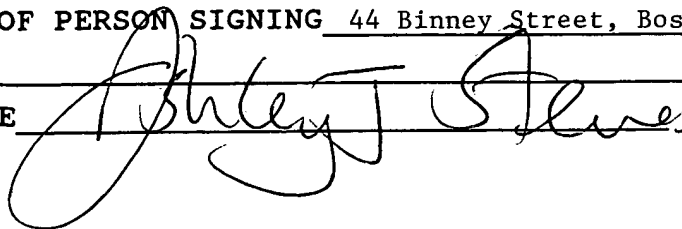
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Ashley J. Stevens, Ph.D.  
TITLE IN ORGANIZATION Director of Technology Transfer  
ADDRESS OF PERSON SIGNING 44 Binney Street, Boston, Massachusetts 02115

SIGNATURE



DATE

8/22/99

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Declaration for Patent Application

As inventor, I hereby declare that:  
 My residence, post office address and citizenship are as  
 stated next to my name;

I believe I am the original, first and sole inventor (if  
 only one name is listed) or an original, first and joint inventor  
 (if plural names are listed in the signatory page(s) commencing  
 at page 3 hereof) of the subject matter which is claimed and for  
 which a patent is sought on the invention entitled

HERPESVIRUS REPLICATION DEFECTIVE MUTANTS

the specification of which (check one)

☐ is attached hereto.

☒ was filed on July 21, 1994 as  
 Application Serial No. 08/278,601  
 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the  
 contents of the above-identified specification, including the  
 claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is  
 known by me to be material to patentability as defined in 37  
 C.F.R. §1.56.

I hereby claim foreign priority benefits under Title 35,  
 United States Code, §119 of any foreign application(s) for patent  
 or inventor's certificate listed below and have also identified  
 below any foreign application for patent or inventor's  
 certificate having a filing date before that of the application  
 on which priority is claimed:

Prior Foreign Application(s)

			Priority Claimed	
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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(Application Serial No.)	(Filing date)	(Status, patented, pending, abandoned)

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Richard A. Wise	Registration No. <u>18,041</u>
Patricia Granahan	Registration No. <u>32,227</u>
Mary Lou Wakimura	Registration No. <u>31,804</u>
Thomas O. Hoover	Registration No. <u>32,470</u>
Alice O. Carroll	Registration No. <u>33,542</u>
Carolyn S. Elmore	Registration No. <u>37,567</u>

all of Hamilton, Brook, Smith and Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02173;

and

Send correspondence to: David E. Brook, Esq.  
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.,  
Two Militia Drive, Lexington, Massachusetts 02173

Direct telephone calls to: David E. Brook

(617) 861-6240



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole  
or first inventor David Knipe 1-00  
Inventor's  
Signature David Knipe Date 8-23-94  
Residence 58 Auburn Street  
Auburndale, MA 02115 MA  
Citizenship U.S.  
Post Office Address Same as above

Full name of second joint  
inventor, if any Robert Finberg  
Second Inventor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence 48 Spring Lane  
Canton, MA 03032  
Citizenship U.S.  
Post Office Address Same as above

Full name of third joint  
inventor, if any George Siber  
Third Inventor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence 37 Corey Road  
Brookline, MA 02146  
Citizenship U.S.  
Post Office Address Same as above

Full name of fourth joint  
inventor, if any \_\_\_\_\_  
Fourth Inventor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole  
or first inventor David Knipe  
Inventor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence 58 Auburn Street  
Auburndale, MA 02115  
Citizenship U.S.  
Post Office Address Same as above

Full name of second joint  
inventor, if any Robert Finberg 2-00  
Second Inventor's  
Signature [Signature] Date 08/22/94  
Residence 48 Spring Lane  
Canton, MA 03032 MA  
Citizenship U.S.  
Post Office Address Same as above

Full name of third joint  
inventor, if any George Siber 3-00  
Third Inventor's  
Signature [Signature] Date Aug 22, 1994  
Residence 37 Corey Road  
Brookline, MA 02146 MA  
Citizenship U.S.  
Post Office Address Same as above

Full name of fourth joint  
inventor, if any \_\_\_\_\_  
Fourth Inventor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_